Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number			
CLAIMS AS FILED - PART I (Column 1)					olumn 2)	SMALL ENTITY		OR _	OTHER THAN SMALL ENTITY		
FOR		NUI	NUMBER FILED		NUMBER EXTRA		FEE]	RATE	FEE	
BASIC FEE (37 CFR 1.16(a))						•	s	·or		s	
TOTAL CLAIMS (37 CFR 1.16(c))			minus 20 =			x \$ =		OR	× \$=		
INDEPENDENT CLAIMS (37 CFR 1.16(b))		MS	minus 3 =			x s=		OR	x s=		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ \$=		OR	+5 =		
* If the difference in column 1 is less than zero, enter "0" in column 2.					2.	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED – PART II											
1										R THAN	
8-25-04 ((Column 1)			(Column 2) (Column 3)		ENTITY) 1		ENTITY	
ENDMENT	É	REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
OME	Total (37 CFR 1.16(c))	.21	Minus	" 22	=	x s 9 =	1	OR	x s /8 =	ı	
ENC	Independent (37 CFR 1.16(b))	. 4	Minus	5	= /	× \$ <u>43</u> =		OR	× \$ \$ 6 =		
AM	FIRST PRESEN	TATION OF MULT	IPLE DEPENDI	ENT CLAIM (37 CF	FR 1.16(d))	+5/4/=		OR	+ \$290 =		
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)						
NT B		CLAIMS REMAINING AFTER AMENDMEN	1 1	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
OME	Total (37 CFR 1.16(c))	•	Minus	••	=	x s=		OR	× s=		
ENDMENT	Independent (37 CFR 1.16(b))	•	Minus	***	=	x s=		OR	x s=		
AM	FIRST PRESENT	TATION OF MULT	IPLE DEPENDI	ENT CLAIM (37 CF	R 1.16(d))	+\$ =		OR	+s =		
						TOTAL ADD'L:FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(Column 2)	(Column 3)		-	_			
NTC		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATÉ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ME	Total (37 CFR 1.16(c))	•	Minus	••	=	x s =		OR	x s=		
AMENDMEN	Independent (37 CFR 1.16(b))	•	Minus	•••	=	× s=		OR	x s =		
AM		ATION OF MULTI	IPLE DEPENDE	NT CLAIM (37 CF	R 1.16(d))	+ \$ =		OR	+ \$ =		
						TOTAL			TOTAL		
				in column 2, writ		<u>L:</u> .	OR	ADD'L FEE	L		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.